

# On My Way Pre-K<br/>Intake Policy Manual

#### INTRODUCTION

House Enrolled Act ("HEA") 1004, signed into law by Governor Mike Pence on March 27, 2014, establishes a pilot program to provide grants to eligible children for qualified education services (the "Early Learning Pilot Grant Program" or the "Pilot Program"). The Pilot Program will be administered by the Office of the Secretary of Family and Social Services ("FSSA") in five counties in Indiana: Allen, Jackson, Lake, Marion and Vanderburgh.

The primary goal of the Pilot Program is to promote access to high quality Early Childhood Education ("ECE") programs for low-income children. No less than \$11 million and no more than \$15 million will go towards the Pilot Program for families accessing high quality ECE programs. The Pilot Program is expected to start January 2015 and will continue until all funds are expended.

#### **DEFINITIONS**

#### APPLICANT / CO-APPLICANT

A person who is applying for services on behalf of the child(ren) for which they have physical custody. The Applicant must be a person related to the eligible child by blood or law, or is a person standing in loco parentis (in the place of a parent). The Applicant must be age eighteen (18) unless the Applicant is married, an emancipated minor, or a minor parent.

#### CHILD CARE AND DEVELOPMENT FUND (CCDF)

The CCDF program was authorized by Congress through the U. S. Department of Health and Human Services to amend the Child Care and Development Block Grant. The purpose of the CCDF program is to have one single, integrated child care funding system to assist low-income families through subsidized child care and to increase the availability and quality of child care services.

#### CHILD CARE RESOURCE AND REFERRAL (CCRR)

The Child Care Resource and Referral (CCRR) is an agency serving each Indiana County to help families make decisions about quality child care for their children. CCRR agencies also offer various training opportunities and other business and child care resources to providers.

#### CHILD WITH SPECIAL NEEDS

A child who is enrolled in one or more of the following programs: On My Way Pre-K Intake Manual

- Children with Special Health Care Services;
- First Steps Early Intervention System;
- Public School Special Education;
- Supplemental Security Income (SSI); or
- Child has been professionally diagnosed with a disability

#### **CURRENT**

A ninety (90) day period prior to and including the Income Verification Date.

#### **DECLARATION**

A method of verification which does not require documentation.

#### **ELIGIBLE CHILD**

An individual who is a legal resident of Indiana and is at least 4 years of age and less than 5 years of age on August 1 of the state fiscal year for which a grant is sought under the pilot program.

#### FEDERAL POVERTY LEVEL

Guidelines issued by Health and Human Services by the number in the family unit and income level to determine whether a person or family is financially eligible for assistance or services under a particular Federal program. These guidelines are based on poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons / families in poverty. The poverty guidelines are adjusted each year to account for the last calendar year's increase in prices as measured by the Consumer Price Index.

#### FOSTER PARENT

An individual who provides care and supervision as a substitute family on a 24-hour basis to a child who is deemed a ward of the local Office of the Department of Child Services. A foster parent, with the appropriate verification, may be considered a valid Applicant for enrollment of the foster child to the Pre-K program. When foster parents are of the same gender, both are considered Applicants.

#### **GRANT AUTHORIZATION**

Authorization is the process by which payment is determined for a Pre-K Eligible Provider after information is obtained to document a Pre-K Grant Household's eligibility.

#### **GROSS Pre-K HOUSEHOLD INCOME**

For purposes of eligibility, gross household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments received by the Applicant, Co-Applicant (if applicable) and the Pre-K child(ren).

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#### INCOME VERIFICATION DATE

The date Intake enters the income into IPKIS

#### INTAKE AGENT

An entity which is, by contract, obligated to perform Pre-K intake and eligibility functions according to state guidelines. These functions include, but are not limited to: verifying service need, verifying financial need, accurately enrolling a child with a Pre-K eligible provider according to the Household's needs, performing authorizations as needed, and reporting suspected fraud.

#### LOTTERY APPLICATION

A termed used to describe an application for Pre-K services.

#### **LOTTERY**

A list of eligible Pre-K households who preliminarily meet financial need.

#### **LUMP SUM**

A Lump Sum Payment is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonuses, etc. are to be annualized.

#### OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

The Office is the lead agency for Pre-K Pilot administration responsible for issuing program policies and procedures, as well as, monitoring providers and collecting data.

#### PATHS TO QUALITY<sup>TM</sup> (PTQ)

Paths to QUALITY<sup>TM</sup> is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and national accreditation at the highest level. The system validates programs and providers for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success.

#### PHYSICAL CUSTODY

A child who resides and is receiving care and supervision from the Applicant.

#### PRE-K ELIGIBLE PROVIDER

Pre-K Eligible Provider is defined as a provider who has met all applicable Pre-K Provider Eligibility Standards and has completed the application process.

#### PRE-K HOUSEHOLD (FAMILY)

A Pre-K Household is one or more custodial adults and children related by blood or law, or other person standing in loco parentis, residing in the same Pre-K Household. Where custodial adults On My Way Pre-K Intake Manual 12/23/14

over the age of 18 (other than spouses or biological parents of the children needing services) reside together, each is considered a separate Pre-K Household. Wards of the Local Office of the Department of Child Services (DCS), foster children on Title IV-E, are the legal responsibility of DCS and not the Pre-K Household which the child has been placed. Note: A marriage between persons of the same gender is recognized in Indiana; therefore, persons of the same gender are considered Applicant and Co-Applicant.

#### PRE-K REIMBURSEMENT RATES

Pre-K Reimbursement Rates are maximum reimbursement rates for Pre-K services determined by authorization categories.

#### **PRE-K Program Start Date**

Pre-K program start date that is in the current month.

#### **PRE-K Program End Date**

Pre-K Program end date

#### PROGRAM ABUSE

Program abuse is defined as any false reporting of fact or information, providing false documentation or the omission of facts by the Applicant or Co-Applicant.

#### PROVIDER INFORMATION PAGE

The Provider Information Page is the form used by the Pre-K provider to document space, duration and charges for Pre-K educational services.

#### RACE

A major division of human beings, whose members are regarded as having a common ancestry and similar physical traits.

#### RESIDENT

A person who lives in the county in Indiana where the eligible Pre-K provider is located.

#### **SELF DECLARED**

An Applicant and/or Co-Applicant method of verification which does not require documentation.

#### SELF EMPLOYMENT

Self-employment is established when an Applicant and/or Co-Applicant provides proof of revenue directly from their own business, trade or profession which may take place in or out of the home. These individuals have control over all aspects of their business. They are responsible for the delivery of services, the invoicing of services, the collection or revenue, and all other

risks associated with business ownership. An Applicant and/or Co-Applicant whose selfemployment activity started less than eight (8) weeks earlier may not be able to provide proof of income. Therefore, it should be treated as new employment.

#### SINGLE APPLICANT

A single Applicant is an individual who is raising a child in a Household without a Co-Applicant.

#### **SUBSTANTIATED**

A determination supported with proof of evidence; verified.

#### **VERIFY AND DOCUMENT**

Verify and document is the process by which the Intake Agent collects missing information on behalf of the Applicant or Co-Applicant when permitted. The Intake Agent shall document the missing information, the name of the source providing the information, and the date provided. The Intake Agent must also initial all additions.

#### ON MY WAY PRE-K FAMILY LOTTERY

#### **Determining Eligibility**

#### FAMILY LOTTERY APPLICATION

An Applicant will complete and submit to the Intake Agent a completed On My Way Pre-K Family Lottery Application to determine pre-eligibility status for the Pre-K Program. This must include verification of household income. In the event they are not chosen in the lottery for an available slot, the Applicant will be placed on the Pre-K Waiting List in case those chosen are deemed ineligible.

The following will be collected:

- 1. Proof of residency
- 2. Verification of date of birth for the Pre-K child(ren)
- 3. Declared Household size
- 4. This application must include documentation to verify household income for the past 12 months for all parent/guardians in the home.
  - CCDF Qualified below 127% poverty (for an active Pre-K case print the 805)
  - Tax Form (income tax filing form for the most recent year)
  - W-2 (for most recent year)
  - Paystub (a paystub received in the past ninety (90) days that represents their average pay)
  - Wage inquiry printout from WorkOne (with a current print date)
  - Notarized Letter from Employer (currently dated which includes most recent pay information)
  - Schedule C (for the most recent year)
  - Signed Unearned Income Declaration
  - Zero Income Statement
  - TANF Cash Assistance
  - Child Support
  - SSI or other Federal Cash program
  - Pension
  - Unemployment Insurance benefit
  - Other interest on accounts, trusts, etc.

\*\*Please note – **Licensed** Foster Parents income is not counted in family income. Only foster child's income would be considered. A copy of the Foster Parent's license should be collected for documentation.

## NOTIFYING APPLICANTS WITH INCOMPLETE APPLICATIONS, MISSING DOCUMENTS AND/OR INELIGIBLE APPLICATIONS

- 1. If an On My Way Pre-K Lottery Application is missing any of the required documents:
  - a) Intake will enter the lottery application into IPKIS
  - b) Intake will attempt to call or email the applicant to inform them of what is missing.
  - c) Intake will send Notice of Incomplete and/or Missing Documentation letter to the applicant
- 2. If an On My Way Pre-K Lottery Application is incomplete:
  - a) Intake will attempt to call or email the applicant to inform them of what is missing.
  - b) Intake will send Notice of Incomplete and/or Missing Documentation letter to the applicant
- 3. If an On My Way Pre-K Lottery Application not eligible, Intake will send Notice of Pre-K Ineligibility letter to the applicant.

#### NOTIFYING APPLICANTS FROM THE LOTTERY-updated 12/23/14

Intake agents will be notified of the families that were chosen from the On My Way Pre-K Lottery. It is the responsibility of the Intake agent to contact these families and enroll them within the enrollment cycle. If unable to contact a family via telephone, families should be notified by letter (see forms and letters) of date they must contact Intake to set up enrollment appointment or forfeit their grant. (Sample email also available in forms and letters.) A checklist of items needed for appointment may also be sent (see Checklist in forms and letters). If during the appointment it is determined that additional documents are required the parent/guardian will be allowed 10 days or the end of the enrollment cycle to complete the application.

Families may notify Intake they wish to decline their grant opportunity. Please contact OECOSL (<u>beth.barrett@fssa.in.gov</u>) if this happens. These families should be removed from the lottery in IPKIS.

Prior to the parent/guardian coming into their appointment search their name in AIS to see if the Pre-K child(ren) is already receiving services from the CCDF voucher program. If the Pre-K child is receiving CCDF vouchers, depending on the CCDF service need and

the Pre-K grant created, the Pre-K child's CCDF voucher can be modified to provide wrap around care. There can be no overlap in authorization between the On My Way grant and the CCDF voucher.

## PHYSICAL CUSTODY

The individual, parent or guardian, having physical custody of the child is considered the Applicant for Pre-K benefits. Custody may be formal or non-formal.

#### PHYSICAL CUSTODY DEFINITION

A child who resides and is receiving care and supervision from the Applicant

#### NON-FORMAL CUSTODY

- 1. Non-Formal Custody may be:
  - Foster children placed with unlicensed foster parents
  - Children living with custodial adults who are not their biological parent or legal guardian
- 2. Does not require verification.
- 3. Household composition will include the custodial adults, the child(ren) for whom they are serving as parent, and any other children meeting the definition of a Pre-K Household.
- 4. Income is counted for Applicants applying for children for whom they have non-formal custody.

#### CHANGES TO PHYSICAL CUSTODY

#### CHANGE IN PHYSICAL CUSTODY POLICY

When the physical custody of a child currently receiving Pre-K benefits changes the child can continue to receive the On My Way Pre-K grant as long as the child continues to attend the same Pre-K program. Reasons for changes in physical custody include but are not limited to:

- Death of a custodial adult
- Loss of a custodial adult
- Incarceration of a custodial adult
- Placement with a foster family or other guardian as identified by the Department of Child Services or placement back into the child's home
- Deployment or return of custodial adult from active military service

#### STEPS TO COMPLETE A CHANGE IN PHYSICAL CUSTODY

- 1. The Applicant and Co Applicant will need to submit documentation of residency.
- 2. The Applicant and Co Applicant will need to submit ID
- 3. The Applicant and Co Applicant will need to supply Social Security Number.
- 4. Update the name, SSN and address fields in IPKIS

#### PRE-K RESIDENCY POLICY

The Applicant must apply for the Pre-K Program in his/her county of residence within the approved pilot counties. (Allen, Lake, Jackson, Marion and Vanderburgh)

There is no minimum length of time an Applicant or Co-Applicant must reside in Indiana to obtain benefits. This can include a person who is temporarily residing in a Domestic or Homeless shelter in Indiana. Should an active Applicant or Co-Applicant move from their current Indiana County of residence, they will not be able to continue unless they are able to transport to current enrolled Pre-K program.

#### APPROPRIATE DOCUMENTS TO VERIFY RESIDENCY

It is the responsibility of the Intake Agent to obtain documentation to verify the Applicant or Co-Applicant's physical residency, including street address, city and/or zip code.

Any of the following are appropriate documents for verification of Applicant or Co-Applicant's residency. *Note:* Current is defined as a ninety (90) day period prior to and including the Income Verification Date.

- Current rent receipt or signed and dated statement from landlord
- Current mortgage statement based on statement date or print date
- Current signed and dated statement from declared legal resident with whom the Applicant and Co-Applicant reside
- Current utility bill based on any of the following: end date of service period, meter reading date, or statement date.
  - (PLEASE NOTE: When a complete address is not present, a municipal utility provider with a business name which includes the city of delivery may be used to document the city of residence.)
- Lease or lease amendment for the existing lease period (EXISTING LEASE PERIOD DEFINITION- Existing Lease Period is a lease which states it is a month to month lease <u>or</u> a lease which includes begin and end dates which are not expired.)
- Envelope from current mail received at address, which is not a window envelope and includes a dated postmark.
- Current correspondence from state agencies such as DWD, DFR, etc. including screen prints from ICES or <a href="www.ifcem.com">www.ifcem.com</a> or other state supported website with a current print date which can be verified and documented.
- Current correspondence from federal agencies such as the Social Security Administration with a current letter date.

- Online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code
  - 1. Valid Indiana driver's license, valid Indiana state ID, valid Interim/Extension Indiana Regular ID Card, or any other valid government ID for Applicant or Co-Applicant
  - 2. Valid INS Green Card for Applicant or Co-Applicant
  - 3. Valid Indiana Vehicle Registration
  - **4.** Current pay stub for Applicant or Co-Applicant
  - **5.** Documentation from a Homeless or Domestic Violence Shelter which includes a signed and dated statement indicating county of residence only. For this purpose, a PO Box is acceptable.
  - **6.** Documentation of homelessness provide by the DFR. The Applicant may utilize the DFR address as a mailing address. The Applicant's street address should be recorded as "homeless". The city and zip code should match the DFR address. Other homeless situations should be discussed with the appropriate Consultant.

**PLEASE NOTE:** If documentation listed above is not obtainable for the Applicant or Co-Applicant, a formal written request including suggested appropriate document must be submitted to the Office for prior written approval.

#### CHILD ELIGIBILITY

An eligible child is a child related to the Applicant and Co-Applicant either by blood or law or other person standing in loco parentis (in place of the parent). All eligible children must be at least 4 years of age and less than 5 years of age on August 1<sup>st</sup> of grant year.

#### CHILD IDENTITY

## APPROPRIATE DOCUMENTS TO VERIFY IDENTITY AND AGE OF AN ELIGIBLE PRE-K CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child's eligible age. Only one permanent document is needed. When entering the child's name into the IPKIS Software a child's first and last name should be entered as recorded on the child's form of identification. A middle initial is optional.

Any of the following are appropriate documents to verify an eligible child's identity and age.

- 1. Birth Certificate
- 2. Hospital Issued Certificate of Birth
- 3. Birth Confirmation Letter
- 4. ICES Screen
- 5. Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- 6. Documentation from the verifying agency of a foster child's date of birth
- 7. A completed and notarized Paternity Affidavit, State Form 44780
- 8. Identification Card issued by any government, if date of birth is on the card

- 9. Passport
- 10. Permanent Residency Card
- 11. Hoosier Health or Medicaid Card, if date of birth is on the card
- 12. Medical Immunization Record, if date of birth is on the document

#### **ELIGIBLE CHILD'S RESIDENCE POLICY**

For purposes of the Pre-K Program, an eligible child must be a resident of the state of Indiana or otherwise has legal settlement in Indiana as determined under IC 20-2611.

#### CHILD CITIZENSHIP

## APPROPRIATE DOCUMENTS TO VERIFY CITIZENSHIP OF AN ELIGIBLE PRE-K CHILD

It is the responsibility of the Intake Agent to obtain documentation to verify a child is a citizen of the United States or a qualified (legal) alien and currently residing in Indiana. Any of the following are appropriate documents to verify the citizenship status of an eligible child:

- 1. Any appropriate documentation of proof of birth issued in the United States
- 2. Hoosier Healthwise or Medicaid card
- 3. Valid Green Card
- 4. Valid Visa
- 5. Form I-94; Arrival / Department Document
- 6. Social Security Card
- 7. Permanent Residency Card
- 8. Valid State Identification Card
- 9. ICES Screen

#### **FOSTER CHILDREN**

# APPROPRIATE DOCUMENTS TO VERIFY AN ELIGIBLE CHILD IS A FOSTER CHILD

It is the responsibility of the Intake Agent to collect documentation of an eligible child's status as a foster child before exempting a foster parent's income.

Any of the following are appropriate documents to verify an eligible child is a foster child.

- 1. Copy of the foster parent's valid Foster Family Home License, State Form 45562, which matches the foster parent's residency verification; or
- 2. Documentation from approving authority indicating the Foster Family Home License has been renewed or address has been changed; **and**
- 3. Verification the child is a ward of the State, such as Medical Authorization, State Form 3319, Court Placement Order, current per diem documentation which includes eligible child's name or current documentation from the DCS Caseworker

#### APPLICANT IDENTITY

#### APPROPRIATE DOCUMENTS TO VERIFY APPLICANT IDENTITY

It is the responsibility of the Intake Agent to obtain documentation to verify the identity of the Applicant. Only one verification document is required. When entering the Applicant name into the IPKIS Software, the first and last name must be entered as recorded on the form of identification. A middle initial is optional. An Applicant or Co-Applicant may declare their date of birth.

Any of the following are appropriate documents to verify an Applicant's identity, <u>if the verification includes a photograph.</u>

- 1. Driver's License
- 2. Identification Card issued by any government
- 3. Passport
- 4. Military Identification Card
- 5. School Identification Card
- 6. Work Identification Card

#### SOCIAL SECURITY NUMBER

The social security number for the Applicant and the Co Applicant are required and entered into IPKIS once chosen from the On My Way Pre-K Lottery. The SSN does not have to be documented.

#### FINANCIAL ELIGIBILITY

Applicants and Co-Applicants must document an annual income that does not exceed one hundred twenty-seven percent (127%) of the federal poverty level

To determine a PRE-K household's current gross monthly income, all income received by household members must be evaluated and counted toward eligibility, when appropriate.

#### POVERTY GUIDELINE POLICY

Federal poverty guidelines are established based on the number in the household and income level from all countable sources to determine whether an Applicant and Co Applicant is income eligible for the PRE-K program. However, some household member's income may be excluded.

#### INCOME SOURCES

#### COUNTABLE SOURCES OF INCOME

- 1. Employment/Wages
  - a) CCDF Qualified at or below 127% poverty (for an active Pre-K case print the 805)
  - b) Tax Form (income tax filing form for the most recent year)
  - c) W-2 (for most recent year)
  - d) Paystubs(a current paystub which represents their average pay)
  - e) Wage inquiry printout from WorkOne (with a current print date)
  - f) Notarized Letter from Employer (currently dated which includes most recent pay information)
  - g) Schedule C (for the most recent year)
  - h) Zero Income Statement
- 2. Pension
- 3. Other interest on accounts, trusts, etc.

**NOTE:** Based on the earned income documentation received the Intake agent will select "weekly, bi-weekly, monthly, annual, semi monthly and lump sum" in IPKIS.

#### **UNEARNED INCOME**

Unearned income may be declared on a signed unearned income declaration and includes the following:

- 1. Child Support
- 2. TANF
- 3. Unemployment Income
- 4. SSI/Disability Income

**Note:** Unearned income will be taken from the On My Way Pre-K Lottery application. This income is a declared monthly amount.

#### **EXEMPT INCOME**

- 1. Food Stamps/SNAP
- 2. Housing Assistance Voucher
- 3. Other State Funding/ TANF MOE Other (not counted)

#### PRE-K ELIGIBLE PROVIDER

In order to be an approved On My Way Pre-K Program, providers must meet the following requirements:

- Community based programs including Head Start, Licensed Centers, Licensed Family Homes and Registered Ministries must be rated at Level 3 or Level 4 of <u>Paths to</u> <u>QUALITY</u>
- ➤ Public schools, including Charter schools must be rated Level 3 or Level 4 Paths to QUALITY for Public Schools.
- > Private or non-public schools must be accredited by a regional or national Approved State Board of Education Accrediting Bodies

#### PRE-K PROVIDER COUNTY

An Applicant or Co-Applicant must choose an eligible provider during the application process. This provider must reside in a chosen pilot county. (Allen, Lake, Jackson, Marion and Vanderburgh)

#### **ADDITIONAL QUESTIONS**

In IPKIS there is an "Additional Questions" tab that you will ask the parent/guardian. These questions are optional to be answered and do not need to be verified.

#### OTHER SERVICES

Listing	g of other services provided which at a minimum must include:
	Resource and Referral
	Information on Quality Child Care / Paths to Quality
	Complaint Policies/Process
	Mass Media Information Sites
	Subsidy Information.

#### CREATING THE GRANT

Using the On My Way Pre-K Provider Information Page the Intake will fill in the required IPKIS fields to create a grant for the Pre-K child(ren) receiving a Pre-K grant. Please see IPKIS manual for step by step directions for creating a grant.

Parents may only choose from any of the eligible providers enrolled in the On My Way Pre-K program. Eligible high quality early learning programs are either highly-rated at level 3 or level 4 on <a href="Paths to QUALITY">Paths to QUALITY</a> or are accredited by an approved national or regional accrediting body. Families who need help finding an approved Pre-K program can also call 1-800-299-1627 for assistance from an early learning referral specialist or visit <a href="https://www.onmywayprek.org">www.onmywayprek.org</a>.

Families should provide a completed, signed Provider Information Form from their selected On My Way Pre-K provider.

Only eligible providers will be available on provider search section.

You will be required to select an enrollment period before entering Child Start/End Dates

- 1. 1st Semester (August January)
- 2. 2nd Semester (January May)
- 3. Summer (June-July) \*\*may not be chosen alone

The Child Start/End Dates section will be used to record the anticipated program attendance dates of the child. These dates will determine the Actual Installment rate which may be prorated based on attendance dates. Actual Installment will be calculated once Child Start/End Dates are entered. Begin date and End date will be found on the provider information form.

The Completion tab provides a checkbox for each of the following tasks:

- 1. Parent Agreement
  - a. stress importance of <u>attendance (85%)</u> and program <u>completion</u> begin and end date for greatest outcomes
  - b. assure parents understand all items on agreement
  - c. all boxes must be checked and agreed to failure to agree to any item would cause family to forfeit their grant.
  - d. form must be signed by parent
  - e. make a copy for parent and place original in file.
- 2. Signed by Applicant
  - a. assure lottery application is signed
  - b. can only be checked once ALL grants for family have been created (twins??)
- 3. Signed by Provider
  - a. provider information page must be signed
  - b. may be faxed to provider for signature if needed

The **Signed by Applicant** and **Signed by Provider** checkboxes cannot be marked unless a Grant has been created.

Once completed, please print 3 PDF copies of the grant – one for parent, one for the provider and one for file.

# FORMS AND LETTERS

## On My Way Pre-K Program

## NOTICE OF INCOMPLETE AND/OR MISSING DOCUMENTATION

Date of	f Notice:
Due [	Date: (insert date –before Dec. 15, 2015)
Applica	ant Name
Applica	ant Address
Applica	ant City, State and Zip
We car 2014 v	ecent lottery application for an On My Way Pre-K grant was missing the following information not enter your application into our system to be included in the Lottery Draft on December 17 without this information. Please call, email or scan the following information by December 15 to be included in the lottery:
	Date of birth documentation for child to receive Pre-K services
	Proof of residency documentation which includes your name, street address, city and/or zip code
	Documentation of Wages (earned income)
	Incomplete application (insert details)
	Other: (insert detailed description of documentation needed.)
	entation of these requirements may be faxed or scanned to (insert fax number/email). Eligibility verified and updated if chosen in the lottery on December 17, 2014.
If you h	nave any questions regarding this matter or wish to confirm receipt or your information, please

contact (insert contact information).

## On My Way Pre-K Program

## **NOTICE OF INELIGIBILITY**

Date of Notice:
Applicant Name
Applicant Address
Applicant City, State and Zip
We regret to inform you your lottery application for an On My Way Pre-K grant has been denied due to not meeting the following eligibility requirements:
<ul> <li>Child's age (must be 4 by 8/1/2014 and eligible to start Kindergarten in August 2015)</li> <li>Residency (must live in one of the pilot counties – Allen, Lake, Marion or Vanderburgh)</li> <li>Income (family income must not exceed 127% poverty)</li> <li>Other: (insert detailed description.)</li> </ul>
If you have any questions regarding this matter or wish to discuss your ineligibility, please contact (insert

Applicant Name Applicant Address Applicant City, State and Zip



Dear (insert applicant name)

Congratulations! Your recently submitted application for a prekindergarten grant was selected during the recent random lottery. You should have already received a letter from the Office of Early Childhood and Out-of-School Learning (OECOSL) informing you that your child has been selected to receive an On My Way Pre-K grant to cover the cost of pre-k services at an approved On My Way Pre-K provider starting in January, 2015.

We recently tried to telephone you and either left a message for you or were unable to connect with you at the telephone number provided on your application. In order to complete your child's enrollment in On My Way Pre-K, you must schedule an appointment with us to complete the process so that your child can begin attending your choice of approved pre-k programs in January.

Please call us at (insert number here) as soon as possible to set up this appointment.

# We must hear back from you no later than January 9, 2015 to set up your appointment. If we have not heard back from you by this deadline you will forfeit your child's grant.

During this appointment we will finalize your eligibility documentation and collect from you a signed copy of the Parent Agreement Form and completed Provider Information Form that was mailed to you with your grant notification letter. Enclosed with this letter is a list of items that you must bring with you to your appointment.

If for any reason you would like to decline your grant, please call us as soon as possible so we may give another family a chance to enroll their child.

To find a list of approved On My Way Pre-K providers in your area, visit www.onmywayprek.org.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Your name

Email Template:
Dear
Congratulations! Your recently submitted application for a prekindergarten grant was selected during the recent random lottery. Your child has been selected to receive an On My Way Pre-K grant to cover the cost of pre-k services at an approved On My Way Pre-K provider starting in January 2015.
We were recently unable to contact you with the phone number provided on your lottery application. We must set up a time with you to complete the enrollment process and enter your grant in our database so your child's can begin their grant in January. Please contact us as soon as possible to set up this appointment at a time convenient for you. The enrollment process must be completed by January 16, 2015. If we do not receive a call from you by January 9, 2015 to set up your appointment, you will forfeit your child's grant and the next family on the lottery list will be contacted.
If for any reason you would like to decline your grant, please call us as soon as possible so we may give another family a chance to enroll their child. If you are having difficulty finding an approved On My Way Pre-K provider, you may visit <a href="www.onmywayprek.org">www.onmywayprek.org</a> or call 1-800-299-1627 and speak with a referral specialist for assistance. Your chosen provider must complete and sign the provider information form included with your congratulations letter. During your appointment, that provider agreement and your signed parent agreement will be needed to complete your enrollment.
As you can see, we have a lot to do in a short time and would appreciate your prompt response to this letter. Please call (YOUR PHONE NUMBER) <b>today</b> , to schedule your appointment and finalize your child's enrollment for On My Way Pre-K! We are here to assist you and hope you don't miss out on this wonderful opportunity!
Sincerely,

Your name



# ON MY WAY PRE-K GRANT DOCUMENTS CHECKLIST

Below is a list of the documentation needed to complete your application and verify eligibility for an On My Way Pre-K Grant.

Items that are checked below have not been received or are incomplete at this time.

You must bring any item that is checked below with you to your appointment. Your application cannot be finalized until all required documentation has been received.

Your appointment has been scheduled for the day and time below. If you cannot attend this appointment please call to reschedule as soon as possible. Failure to complete the eligibility process will result in loss of your pre-k grant.

TIME:	
LOCATION:	
Eligibility Documentation:	
Proof of identity for p	parent/guardian applying for the grant (must be a photo ID).
<ul> <li>Valid driver's lice</li> </ul>	ense
<ul> <li>Valid Passport</li> </ul>	
<ul> <li>Valid State Issue</li> </ul>	d ID including military ID
<ul> <li>Valid Student ID</li> </ul>	(with a photo)

- Tax Form (income tax filing form for the most recent year)
- W-2 (for most recent year)

individual.

- Paystubs (a recent paystub with representing your average or typical pay)
- Wage inquiry printout from WorkOne (with a current print date)
- Notarized Letter from Employer (currently dated which includes most recent pay information)
- Schedule C (for the most recent year)
- Zero Income Statement
- Pension (copy of a check or award documentation)

#### If you have started a new job and have not yet received a paycheck:

• A signed statement from your new employer that includes your name and social security number, hire date, anticipated hours per week and wages per hour or annual salary. This

statement must include the company's EIN and be on company letterhead or have a business card attached.

#### \_\_\_\_ Proof of Residency (one of the following)

- A copy of your lease or mortgage
- A copy of a utility bill showing your current address
- A copy of your Indiana driver's license showing your current address
- A copy of your Indiana Vehicle Registration showing your current address

#### \_\_\_\_ Verification of your child's age (one of the following)

- Birth Certificate
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Government Issued Identification Card, if date of birth is on the card
- Passport
- Permanent Residency Card
- Hoosier Health or Medicaid Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the document

#### \_\_\_\_ Foster Parents (if applicable)

- Copy of a valid foster care license which matches the documentation submitted for residency AND
- Verification the child is a foster child in Indiana (State Form 3319, court placement order, current per diem documentation, or documentation from the DCS caseworker)

\_\_\_\_\_ **Other** (Intake Agent: insert any other information needed)

You must also provide a signed copy of the Parent Agreement with each check box marked indicating your acknowledgement and a completed Provider Information Form signed by your selected approved On My Way Pre-K provider.

If you have questions prior to your appointment, please contact:

Intake Office

Name

Phone

Email

We look forward to assisting you in completing your application!

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